U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

•	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10 474				2. Fiscal Year Covered From		
				01 / 01 / 2C04 Through: 12 / 31 / 2004		
Name and address of person filing.				4. Name, file number, and adcress of labor organization.		
Name	Gary	L Masner		Name Glaziers Iccal Union #558 Labor Organization File Number #558 634 775		
P.O. Box, Bldg Room No., if any				P.O. Box, Building and Room Number, if any		
Street 15308 Wenonga				Street 9902 E 62nd St.		
City	Leawood			^{City} Raytown		
State	Kansas	ZIP Coce + 4	66224	State Missouri ZIP Code + 4 64133		
5. Position in labor organization. Vice President						

Enter appropriate data below if, during the past flood year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transiction, or Income.					
Name International Union of Painters & Alli ed Trades, AFL-CIO, CLC Trade Name, if any:	6/24/2004	Lodging & Meals-IES \$1,001.07 Graduation Banquet \$43.49 Airfare-IES \$180.50				
P.O. Box, Bldg., Rocm No., if any United Unions Bldg.	7.b. Amount.					
Street 1750 New York Avenue, N.W.						
City Washington, D.C. 20006	:	\$1,225.06				
State ZIP Code + 4 20006						

Signature

15. Signature and verification. The undersigned declares, under penalty of i	Penury and other applicable penacties of the law, that all of the information
submitted in this report (including the information contained in any accompany)	ing documents), has been examined by the signatory and is, to the best of the
undersigned's know edge and belief, true, correct, and complete. (See the sec	ction on penalties in the instructions.)
1 7-1	Pluster and and and
Signed Signed	on 8/15/05 816-210-7853

Form LM-30 (2003)

Telephone Number